

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 677132000200
Application Number 10/583,977		Filed (Int'l) December 21, 2004
For IMMUNOTHERAPY FOR FOOD ALLERGY BY REDUCED AND ALKYLATED FOOD ALLERGENS		
Art Unit 1644	Examiner	M. Rooney
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$150	\$75
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$560	\$280
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1270	\$635
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1980	\$990
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2690	\$1345
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>29,959</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
<u>/Kate H. Murashige/</u> Signature		<u>November 23, 2011</u> Date
<u>Kate H. Murashige</u> Typed or printed name		<u>(858) 720-5112</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of <u>1</u> forms are submitted.	